2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050769

City-St-Zip: EDMONTON, KY 42129

Entity Name: BEHAVIORAL HEALTH COMPANY, LLC

FILED Apr 03, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of Business:	
5435 JAEC SUITE 3 NAPLES, F	GER ROAD FL 34109			
Current Mailing Address:			New Mailing Address:	
5435 JAEGER ROAD SUITE 3 NAPLES, FL 34109			206 INDUSTRIAL DR. GLASGOW, KY 42141	
FEI Number:	: 26-2955683	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
5515 BRYS SUITE 502 NAPLES, I	FL 34109 US named entity se of Florida.	submits this statement for the	ourpose of changing its regis	stered office or registered agent, or both
Electronic Signature of Registered Age			ent Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () METCALF, MIC 299 MEL JEN E NAPLES, FL 34	RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () WELLS, ROGE 206 INDUSTRIA GLASGOW, KY	AL DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	MGRM () BELL, GARY S P.O. BOX 122	Delete	Title: Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

SIGNATURE: GARY S. BELL MEMB 04/03/2009